

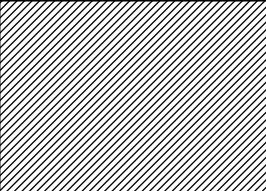
### ***Caution: DRAFT FORM***

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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

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☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code				OMB No. 1545-1517
				<b>2001</b> Form <b>1099-MSA</b>
PAYER'S Federal identification number	RECIPIENT'S identification number	1 Gross distribution \$	2 Earnings on excess contributions \$	<b>Copy A</b> <b>For</b> <b>Internal Revenue</b> <b>Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2001 General</b> <b>Instructions for</b> <b>Forms 1099, 1098,</b> <b>5498, and W-2G.</b>
RECIPIENT'S name		3 Distribution code	4 FMV on date of death \$	
Street address (including apt. no.)		5 Medicare+Choice MSA . . . . . <input type="checkbox"/>		
City, state, and ZIP code				
Account number (optional)				

Form **1099-MSA**

Cat. No. 23114L

Department of the Treasury - Internal Revenue Service

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